

**Utah's Division of Child and Family Services**

# **Eastern Region Report**

## **Qualitative Case Review Findings**

**Review Conducted**

**May 18-21, 2009**

*A Report by*

*The Office of Services Review, Department of Human Services*

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# **I. Introduction**

The Eastern Region Qualitative Case Review for FY 2009 was held the week of May 18-21, 2009. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, community partners and other interested parties. Review partners included the Virginia Director of DCFS, individuals from Fostering Healthy Children, Office of the Public Guardian, Bureau of Internal Review and Audit, Children's Justice Center, Utah Foster Care Foundation, Carbon School District, Utah Youth Village, and a community volunteer.

There were 24 cases randomly selected for the Eastern Region review. The case sample included 15 foster care cases and nine home-based cases. All seven offices in the Region had cases selected as part of the random sample which included the Blanding, Castle Dale, Moab, Price, Roosevelt, Ute Family Center, and Vernal offices. A certified lead reviewer and shadow reviewer were assigned to each case. Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (if child was placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally, the child's file, including prior CPS investigations and other available records, was reviewed.

## II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three strengths on their case that had a positive impact. The list below is a summarized list of strengths identified by the reviewers. This is not an exhaustive list of all the strengths mentioned during the review process.

### Engaging

In cases where engaging was a strength:

- The caseworker was a great advocate for a disabled child. The worker really listened to the child and was attentive to the child's needs.
- The caseworker did a great job of working with the mother on getting her home into a more appropriate condition.
- The worker went above and beyond in her efforts to connect with the family. The family knows the worker well and look forward to her visits.
- The family described the caseworker as excellent. They were pleased with the support and flexibility of the worker.
- The caseworker demonstrated respect and courtesy to the family. The family appreciated their caseworker and felt the worker was advocating for them.
- An emancipated youth still comes back to her caseworker to get advice after the case was closed. There was a good relationship built and the young adult continues to view the caseworker as a support.

### Teaming

In cases where teaming was a strength:

- Family team meetings were held regularly and all team members were in constant contact between the meetings so all of them always knew what was going on with the case. The team made all decisions jointly.
- Even though the child was placed out of the area, the worker coordinated to ensure there was participation from all key team members in the team meetings. The family felt like their voice was heard in the meetings.
- The team really engaged with the family and worked with them. This helped generate some community support for the family.
- There was great coordination of information because all of the key players were at the team meetings. This helped with monitoring the child's progress in school.
- The caseworker did a great job of coordinating the case. Team members felt they had good teamwork. The good teaming on the case allowed the team to effectively address immediate issues.
- The case had an impressive team that addressed issues as they popped up. All team members knew everything about the case. Team members felt heard and validated.

- The family was active in the team. They were respected and heard. The team knew the strengths and needs of the family.
- Both sides of the family really stepped up and participated as part of the team. So many family members came to team meetings there wasn't enough room. Even though reunification with the father was terminated, the father's family remained a support for the mother as part of the team.
- The family team kept the grandmother very involved as an important part of the team even though reunification services had been terminated for the mother.
- The youth felt like she had control of the family team meetings. Even though it was a very challenging family to work with, the worker went the extra mile to make sure the family had a say in what was happening.

### **Assessment**

In cases where assessment was a strength:

- Team had a great handle on the teenager's situation. The assessment of the child was very good which helped the team to address the needs of the child.
- The written Child and Family Assessment was an excellent, informative document. The document was updated on a regular basis.
- Members of the team shared a common understanding of the child which allowed them to plan as a team.
- The team not only had an accurate assessment of the child's strengths and needs but also included the strengths and needs of the foster family. This was very helpful in formulating the team's "big picture" understanding of the case.
- The caseworker had made great use of both the formal and informal assessments of the child. The assessment information had been incorporated into the assessment document which helped the team understand what was needed to help the child.

### **Planning**

In cases where planning was a strength:

- The family plan had been well written. The plan was very unique to the individualized needs of the child.
- Everyone involved with the case had been included in putting the case plan together. This helped to get the appropriate services in place.
- The family participated in helping create the child and family plan. As a result, the family felt some ownership of the case plan.

### **Long-Term View**

In the cases where long-term view was a strength:

- The long-term view for the youth was developed based on the individualized strengths of the youth. The goals were realistic and achievable. All team members were aware of the long-term view and felt like it was a good fit for the child and family.
- Team members had the same vision about what the child's future would look like. Plans and services are well coordinated to move in that common direction. The team has developed steps necessary to achieve the intermediate and long-term goals.

## **Services**

In cases where services were a strength:

- The mother engaged in therapy and the treatment was very empowering to her. Peer parenting services did not work for the mother, so the worker found a parenting class and teacher that worked well for the mother. The parenting class was a great resource and everyone has seen the positive change in the mother.
- The children were able to remain in the grandmother's home and stay with family while the parents were struggling with domestic violence issues. The mother and perpetrator were removed from the situation rather than removing the children from the home. This allowed the children to remain in the same school, home, and peer group.
- The case included a good transition step-down plan. The transition included working with the school and the school district to ensure the continuation of the good work and progress accomplished by the child.

## **Caregiver**

In cases where caregiver functioning was a strength:

- A young child with extreme disabilities was placed in a foster home that has made her part of their family unit. The foster family was provided with great supportive services such as respite.
- All team members stated that the child was in the best place for the child. The child resides with relatives that are licensed to provide a higher level of care for a special needs child. Other relatives are certified to provide respite services. The family is very involved and the child is well taken care of by extended family members.
- The teenager was in a great, structured foster home that was a good match for his needs. The foster family is familiar with and utilized community treatment resources that helped the child. Trust was being built and good things were happening. The child said, "This just feels like home."

### III. Stakeholder Observations

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Eastern Region were supported by a total of 23 interviews. There were 12 focus groups: DCFS caseworkers from each office in the Region, DCFS Supervisors from each office in the Region, Region Administration Team, Quality Improvement Committee, and Foster Parents. There were also 11 individual interviews with the Guardian ad Litem, Assistant Attorney General, Juvenile Justice Services, County Counseling Center, Utah Youth Village, Children's Justice Center, Youth Services, Juvenile Court Judge, Elementary School Principal, Victim's Advocate, and the DCFS Eastern Region Director.

The information from the stakeholder observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted. Each comment section is organized in two groups- community partner interview comments and DCFS interview comments.

#### **Region staff**

##### *A. Community Partner Interviews*

- The caseworkers are impressive. There is a good foundation of experienced workers and some fresh faces. They are genuinely invested in helping children and families. Workers do a great job of showing compassion for families.
- In the small communities, partners often get to know DCFS staff on a personal level. Caseworkers do a really good job and are good to work with.
- Caseworkers really want to help families. They do more preventative work in hopes of keeping the family out of the system in the future.
- Many teams have progressive thinking supervisors. The supervisors are great and work for the best interest of the children.

##### *B. DCFS Interviews*

- The Region is enjoying some stability with caseworker retention. The Region had 40% turnover two years ago. Workers are more experienced and do a better job.
- There is great support and camaraderie within the teams in the various offices. Morale within most offices is described as being higher than it was a year ago.
- The offices have good workers who are well trained. The Practice Model training has helped new workers be better prepared and more motivated. New workers feel guided as they are learning the job rather than struggling on their own.
- Workers identify several key things that they enjoy about the way they do business. The key things include engaging with families, building rapport, working with community partners, hoping and believing that people can change, working from a strengths-based approach, team building, and working with foster parents.

## Services

### *A. Community Partner Interviews*

- The Children's Justice Center primarily conducts sex abuse interviews. The CJC would love to see DCFS bring more physical abuse investigations to their facility.
- One of the best things about the way DCFS does business is they don't allow egos to be an issue when making decisions. There is some public perception that decisions are made on power plays but that is not accurate. The focus of the work is on safety, protection, and best interest of the child.
- DCFS does a good job of linking families with wrap around services to help support the families.
- DCFS has a good Domestic Violence treatment model.
- Local mental health providers want to be able to do the assessments on the children from their community. They know the families, community, culture and situations better than any outside program or agency.
- The oil field boom in one area in the Region has tanked. Now with a lot of job loss, domestic problems have escalated. Victim advocates are seeing a lot more requests for protective orders due to stress associated with job loss.
- A school occasionally sees cases that are dropped from DCFS involvement a little too soon. The school sees the child and family deteriorate when it would have been helpful to have the continued DCFS support and monitoring for a longer period.

### *B. DCFS Interviews*

- The Region is seeing an increase in adoptions. When children are unable to return home, their permanency needs are often being met through adoption.
- The Residential Screening process has been modified to include better assessing. Residential providers are made aware of the discharge time frame expectations for children so the children do not linger in more restrictive levels of care.
- The Placement Committee has been effective at stepping children down out of high cost placements. The Region has experienced a 42% reduction in higher levels of care. They are doing more short-term interventions.
- The Region is trying the Parent Empowerment program which uses former clients to help mentor current clients. The Region would also like to hire a TAL youth who has successfully emancipated to help mentor other TAL youth.
- The Peer Parenting program has been more effective in reunifying children as compared with a more traditional parenting class. Peer parenting is more interactive and seems to create more lasting positive change.
- The offices are being creative. One office is looking at providing an alternate CPS response. The approach is to try to offer supports and services rather than a regular investigation when appropriate.
- Information exchange between the primary worker and courtesy supervision worker has been a problem. There were several examples of workers providing courtesy supervision for other Regions' cases without contact from the primary caseworker. Courtesy supervision workers are used for home visits and supervised visits without contact or updates from the primary worker. They are not being included in family team meetings.



## **System of Care / Creative Interventions**

### ***A. Community Partner Interviews***

- One of the best things about the way DCFS does business is their Creative Intervention program. The Creative Intervention Specialists do a great job.
- QIC members are excited about the System of Care (SOC) program. The SOC program is viewed as having meaningful potential.
- The SOC program is bringing more community partners together. DCFS is working hard to move the program to the next level. The SOC committee provides great wrap around services to the families.

### ***B. DCFS Interviews***

- The System of Care Committee (SOCC) is comprised of representatives from core agencies within the community that work together to help support families and have children remain safely in their homes and communities. The SOCC sets up a meeting with the family and a Plan of Care is developed. If additional supports are necessary, a Creative Intervention Worker may be assigned. Primary goals include preventing the child from coming into care and keeping the family safe and stable.
- Creative Interventions (CI) is being used as a short term, intensive service. They have specific workers assigned to that role. Staff really like the preventive, upfront style of intervention and would like to see it expanded.
- Due to the success of the Creative Interventions program, the Region has submitted grant requests to the Federal Government to help fund moving the System of Care (SOC) program statewide.
- The SOC provides a broad spectrum of community supports and resources. Judges like the program and are ordering it. Partners have also been requesting the service.

## **Partnerships/ Collaboration**

### ***A. Community Partner Interviews***

- The Region's Quality Improvement Committee (QIC) has a good variety of agencies and programs represented. This has helped the community partners getting to know each other better at a time when resources are limited. Participating on the QIC has enhanced committee members' understanding of the role of DCFS. Their primary goals include helping the community function as a whole and trying to get more services in the Region.
- Many of the rural areas are close-knit communities. There is a good sense of teaming with the community. The community agencies are knowledgeable about the other agencies. They do well with stretching what limited resources they have.
- The Children's Justice Center enjoys a good working relationship with DCFS. Communication is much better than it was a year ago. They have worked on issues from the past and there is now a better partnership.
- DCFS works well with Juvenile Probation and Youth Services. Probation is a good resource to DCFS. There is a good partnership between DCFS in-home services (PSS) and JJS Youth Services which improves services to youth.
- According to one of the schools, one of the best things about the way DCFS does business is the personal contact received after a CPS referral is made. There is good

rapport with the Principal which has carried over to the facility. Teachers report feeling included and updated when a student is involved with DCFS.

- One county mental health agency indicates they now enjoy a much better working relationships with DCFS. They get along very well through communication and cooperation. It has become an excellent working relationship.
- There is more open communication with DCFS. Families can come ask questions without feeling like they will get in trouble. DCFS is also willing to ask for help.
- Victim Advocates report having a good working relationship with CPS intake. The advocates get feedback on their referrals.
- Overall, DCFS maintains a good relationship with their legal partners. One of the Guardians ad Litem (GAL) describes DCFS caseworkers and management as open and accommodating. Overall, there is free exchange of information.
- Workers are good to share information with foster parents before placement so the foster parents can make an informed decision on accepting a placement. Foster parents are kept updated on the status of the case while the child is placed with them.
- Juvenile Justice Services (JJS) tag teams a lot of cases with DCFS. They coordinate on the front-end.
- JJS shelter staff are in need of regular updates regarding placement plans and efforts for youth residing at the shelter.
- Some decisions about practice are made at the state level and don't work for the rural areas. There needs to be more sensitivity to the local community culture. Community members are proud to be "Basinites."
- Partners prefer that families receive services "in" the community. Keeping youth in the area would make parents and youth happier and would be less expensive.
- One of the best things about the way DCFS does business is their effort to collaborate with other agencies. This is a huge part of making a difference with families. The teaming and wrap around approach works much better.
- DCFS' reputation in one community is that workers are trying hard to do the work, but there are so many requirements that have to be met that it feels obnoxious to some community partners. The system appears bureaucratic. The perception is that the everyday worker is trying hard, but they are bogged down by the big DCFS system.

#### *B. DCFS Interviews*

- There has been better rapport building with the community. There has been a shift over the years in viewing DCFS as a helpful resource rather than someone who removes your children. The team approach is creating more collaboration.
- Caseworkers are working hard to improve relationships with the courts and law enforcement. Workers can suggest different ideas in court and the judges have been willing to trust them and try new interventions.
- One supervisor has been doing some community public relations by going out and training different community groups on what DCFS can and can't do. This has helped increase community understanding.
- The communication and level of cooperation between DCFS and some of the community partners has improved over the last year. DCFS is bringing other agencies together to share information about what services are available.

- Overall, DCFS has a good working relationship with their legal partners. Workers view their working relationships with their legal partners as critical working relationships.
- Workers are not alone in making important decisions. The office teams assist each other in managing cases and making difficult decisions.

## **Family Team Meetings**

### *A. Community Partner Interviews*

- Many community partners indicated that one of the best things about the way DCFS does business is the teaming. Teaming helps make good things happen with families that you could not accomplish otherwise.
- Caseworkers occasionally hold family team meetings at the schools. This helps the school feel included. The workers are willing to include school administrators.
- One GAL tries to attend as many family team meetings as possible. The meetings are seen as very helpful when they have everyone around the table. The GALs are a big part of the teaming and decision making on cases.
- Some community partners feel like DCFS utilizes them as part of the case team. There is not just one person making decisions; the workers want everyone's opinion and everyone's opinion counts.
- One allied agency worker reports that she is able to do her job better as a result of being included in DCFS team meetings with the family.
- It is always important to include the child's therapist in the decision-making. DCFS needs to always make the clinical input an important part of the planning.
- Several legal partners indicated they would benefit from increased sensitivity to their schedule when it comes to scheduling family team meetings. They recognize that workers try to accommodate the family and therapist first and that some meetings are emergencies.

## **Tribe**

### *A. Community Partner Interviews*

- Some areas of the Region have many opportunities to work with the local Native American tribes. One of the challenges for the tribes is their lack of resources. DCFS will offer to have a tribe accept a case, but the tribe is generally unwilling due to lack of resources.
- Workers could use additional training related to ICWA cases, particularly on the unique court expectations associated with ICWA cases.

### *B. DCFS Interviews*

- The Blanding office has monthly meetings with the local tribe, the FBI, and law enforcement regarding CPS referrals for families residing on the reservation. The office does not cover the reservation, but they are still part of that collaboration.
- Much of the caseworker interaction with the Native American tribes is through paperwork exchange. The workers ensure the tribe is notified if a case includes a child or family with Native American heritage. Permanency occasionally becomes an issue

because the tribe is generally opposed to termination of parental rights and adoption. The tribe prefers individualized permanency goals.

- There is a need for more tribal resources that would assist caseworkers in keeping Tribal youth connected to their heritage.

## **Four Day Work Week**

### *A. Community Partner Interviews*

- Courts are still open on Fridays. DCFS appears for hearings and mediations on Fridays when needed. One challenge with the schedule is getting court reports turned in on time.
- CPS is willing to come in and assist law enforcement with interviews at the Children's Justice Center on Fridays.
- For schools, Fridays are usually the days when the school runs into problems with parents disputing over custody issues. Fridays can be very frustrating. Sometimes crisis situations are pushed off until Monday.
- The compressed work week has not been a problem for Juvenile Justice Services. They can get ahold of the on-call worker if needed. The extended hours are nice for having after-hour parent meetings and team meetings.
- Many of the community partners have adjusted to the four day work week. Some of the partners have also switched to the compressed work week.

### *B. DCFS Interviews*

- Overall, the compressed work week has been a good change for the workers. The longer days help with their out-of-area travel for home visits. They have more time after school hours to complete home visits during regular work hours. Working families are able to come into the office after 5:00 pm. The four day work week is often most difficult for parents with young children.
- For CPS, the longer days makes it easier to meet their face-to-face requirements, particularly with working parents. Before, they would have to go late after hours. They are serving clients better because they can catch them before or after work.
- Most supervisors love the four day work week. The extra day off helps rejuvenate the employees. Prior to the compressed work week, the workers were working longer days and flexing on Friday. For the rural offices, most workers live far away from the office, so one less travel day means saving a lot of gas money.

## **Budget**

### *A. Community Partner Interviews*

- When a budget strain is put on one community partner, it strains all the other partners. They are interdependent.
- The court recognizes that cuts have to be made. DCFS is being creative to assure the budget does not negatively impact quality.
- DCFS has been a good community partner. DCFS has access to grant money for community projects. For example, DCFS pitched in on a Native American gang project.

- Foster care payments are being rolled back to the prior year's level. Foster parents will be making less. It takes \$25 a day to kennel a dog and foster parents are paid less than that to take care of a child.

#### *B. DCFS Interviews*

- For many workers, the current budget constraints have not caused significant problems in their casework. The office teams cover what needs to be covered.
- Offices have been trying to cut back on their travel. One negative impact is cutting back on transporting out-of-area youth back to the office for visits. Some youth who were being transported to the office for a family visit two times a month had to be cut back to once a month.
- Workers have felt stressed about not knowing what might be next with the budget cuts. Workers are frustrated by receiving no raises while the cost of insurance continues to rise. Workers are concerned that the Legislature may continue to cut retirement and other benefits.
- Some vacant positions have been frozen due to budget constraints. Workers who stay often end up with huge caseloads which creates burnout. Some new workers end up with high caseloads.
- Worker financial incentives have been taken away. When morale goes down, there are no financial resources that supervisors can use to help boost morale.
- Funding continues to be cut from services and programs throughout the various agencies. For example, one area shelter was lost due to budget cuts. Now when a child is removed, it can take up to three hours one-way to visit a child in shelter. Now some youth awaiting placement end up in detention with delinquent youth while awaiting placement.
- Because of the hiring freeze, it is taking longer to get through Practice Model training because the new worker trainings are not available. One worker with JJS experience and a Masters degree cannot get a caseload because he can't finish the Practice Model training.

### **Resources**

#### *A. Community Partner Interviews*

- Region Administration has done well at trying to recruit new resources to the region.
- There are insufficient resources to meet what is required of families. The Division is not able to pay for services. One judge has made findings on two cases that the Division had not made reasonable efforts due to not getting the parents into domestic violence treatment. Sometimes it feels like DCFS is setting up clients for failure by requiring services of them that are either not available or the client has no money to pay for.
- There is a lack of foster homes. On borderline cases, the decision is often to not remove the children because there is no foster home available. The lack of foster homes affects placement decisions. Children are occasionally returned home before it is appropriate. It also results in children staying too long in shelter.
- There is a need for more local resources. Transportation is often a barrier for families.

### *B. DCFS interviews*

- There are very few resources in the rural areas for adolescents. Adolescents have to be transferred out of the area. There is a need for adolescent drug treatment programs and foster homes that specialize in working with teenagers.
- In many areas of the Region, there is only one counseling provider and one substance abuse provider which is the local county mental health agency. Clients often end up having to wait to get into services because there are no other options available.
- Supervisors would love to have funds available to help families with things like utility bills.

## **Practice Improvement Opportunities**

### *A. Community Partner Interviews*

- DCFS would benefit from some enhanced public relations work. There is a need to educate the public and partners on what DCFS can do and how they can get involved. Things have improved, so DCFS needs to erase the prior reputation and dispel the old rumors through public outreach. Some of the community partners have not given DCFS a chance to show the changes they have made. It is frustrating to several community partners when they hear negative things said about DCFS when their experience has been very positive. The negative things being said seem to come from a lack of information.
- There is some negative perception in the community that nothing is being done regarding some CPS referrals. It would be helpful to always ensure that a letter or call notifies the concerned party that the issue is being looked at.
- Bureaucracy can get in the way of helping people in crisis. Too much time is committed to unnecessary paperwork rather than being in the home with the family.
- Timeliness of court reports has been addressed on several occasions. The DCFS supervisors are very receptive to the courts' needs, but the issue is still not resolved.

### *B. DCFS Interviews*

- Caseworkers throughout the Region identified the required volume of paperwork as one of the biggest barriers in their work with children and families. Workers estimated that they spend between 50% to 90% of their time on paperwork. They often spend full days or sometimes even a full week just doing paperwork. Workers view many of the forms as redundant. The Child and Family Plan is too long and complicated. The paperwork takes time away from being able to work directly with the clients. Workers often feel like they don't have the time and ability to make enough of a connection with families. They are already limited on the amount of time they are able to spend with foster children. This is especially important for youth that will be aging out of the system. Workers want time to build a trusting relationship with the youth so they are in a better position to assist the youth in preparing for emancipation. Workers understand the importance of keeping good records; but the volume of paperwork is too much.
- Supervisors would benefit from a DCFS supervisor specific training. The Human Services supervisor training is very general. It would be beneficial to have a training regarding the nuts and bolts of being a "DCFS supervisor."

## **IV. Child and Family Status, System Performance, Analysis, and Trends**

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.

## Child and Family Status Indicators

### Overall Status

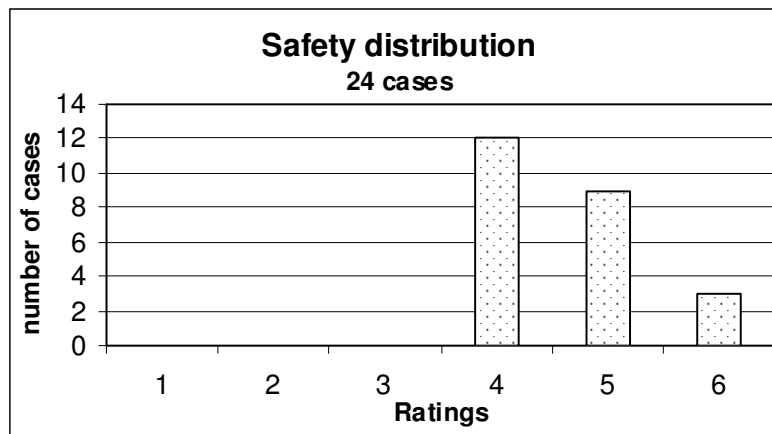
Eastern Child Status									
	# of cases (+)	# of cases (-)		FY05	FY06	FY07	FY08	FY09 Current Scores	Trends
			Exit Criteria 85% on overall score						
Safety	24	0	100%	96%	100%	96%	100%	100%	
Stability	19	5	79%	75%	83%	87%	83%	79%	
Approp. of Placement	24	0	100%	92%	92%	96%	100%	100%	
Prospects for Permanence	21	3	88%	75%	63%	61%	65%	88%	
Health/Physical Well-being	24	0	100%	100%	100%	100%	100%	100%	
Em./Beh. Well-being	24	0	100%	92%	88%	96%	87%	100%	
Learning Progress	22	2	92%	83%	88%	91%	91%	92%	
Caregiver Functioning	16	0	100%	100%	100%	94%	100%	100%	
Family Resourcefulness	9	4	69%	82%	69%	77%	83%	69%	
Satisfaction	23	1	96%	88%	88%	78%	87%	96%	
<b>Overall Score</b>	<b>24</b>	<b>0</b>	<b>100%</b>	<b>92%</b>	<b>100%</b>	<b>96%</b>	<b>96%</b>	<b>100%</b>	Above standards
0% 20% 40% 60% 80% 100%									



## Safety

**Summative Questions:** Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

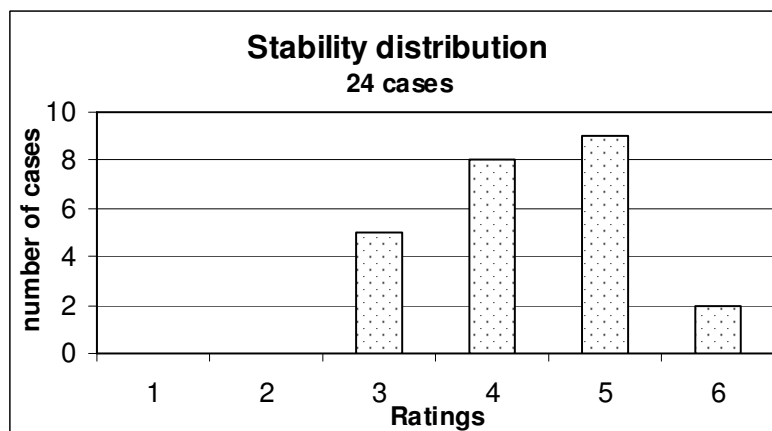
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The Region has maintained this exceptional rating for the last two years.



## Stability

**Summative Questions:** Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

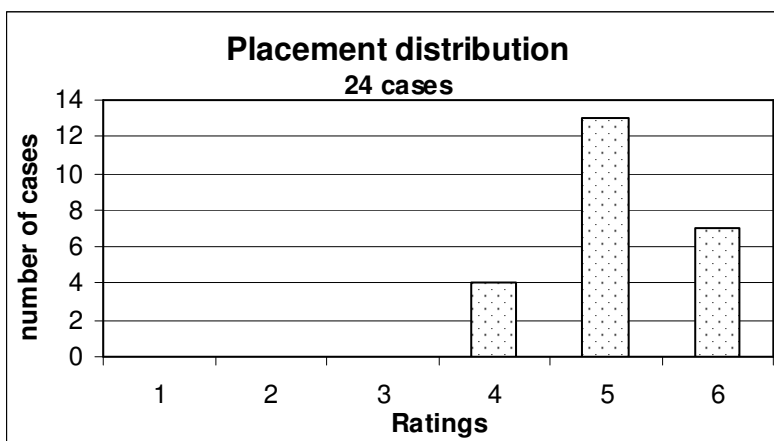
**Findings:** 79% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 83%.



## Appropriateness of Placement

**Summative Questions:** Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

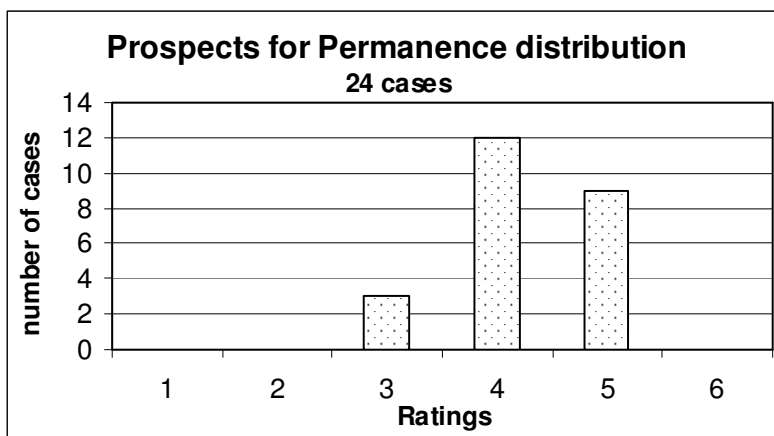
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). This Region has maintained that excellent rating for the last two years.



## Prospects for Permanence

**Summative Questions:** Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

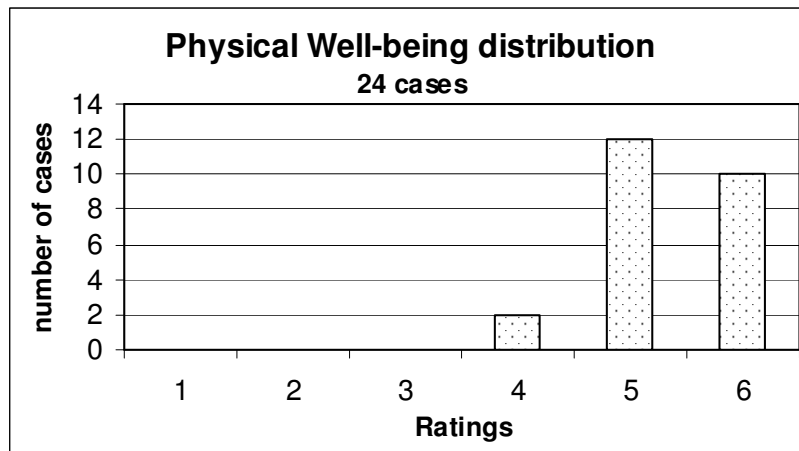
**Findings:** 88% of cases reviewed were within the acceptable range (4-6). This is a significant increase from last year's score of 65%.



## Health/Physical Well-Being

**Summative Questions:** Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

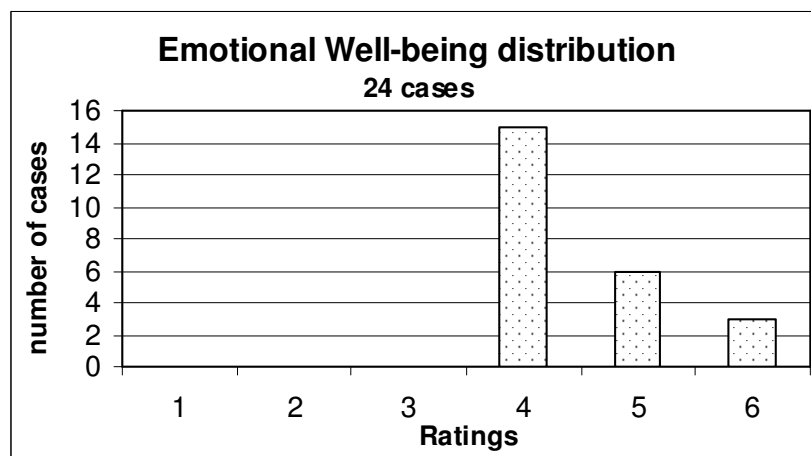
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The Region has maintained this excellent rating of 100% for the last six years.



## Emotional/Behavioral Well-Being

**Summative Questions:** Is the child doing well emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

**Findings:** 100% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 87%.

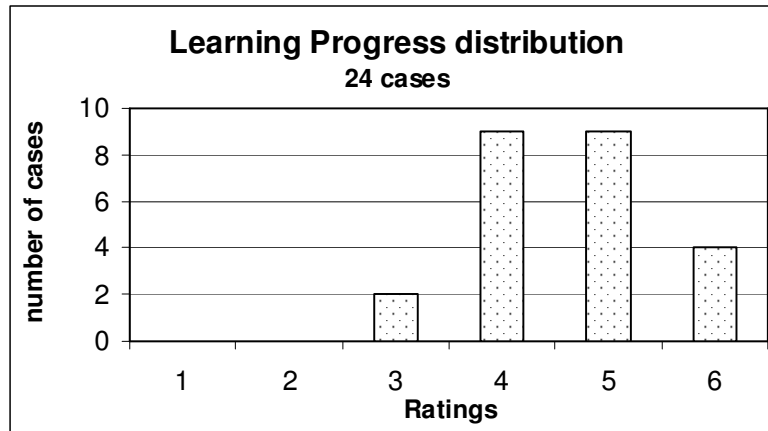


## Learning Progress

**Summative Question:** (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

**Note:** There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

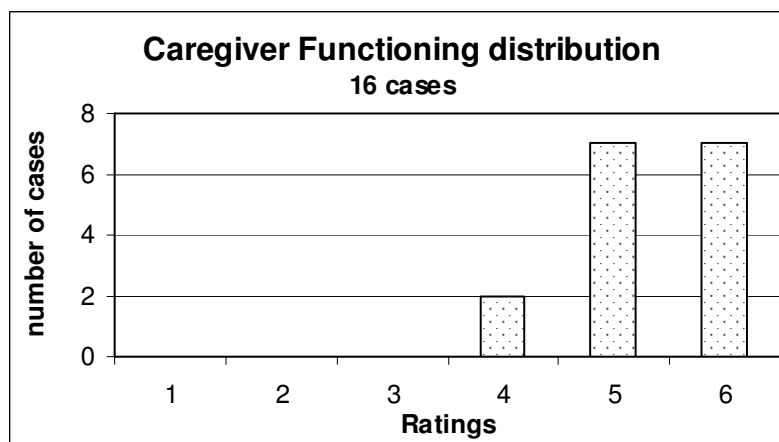
**Findings:** 92% of cases reviewed were within the acceptable range (4-6). This is a slight increase from last year's score of 91%.



## Caregiver Functioning

**Summative Questions:** Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

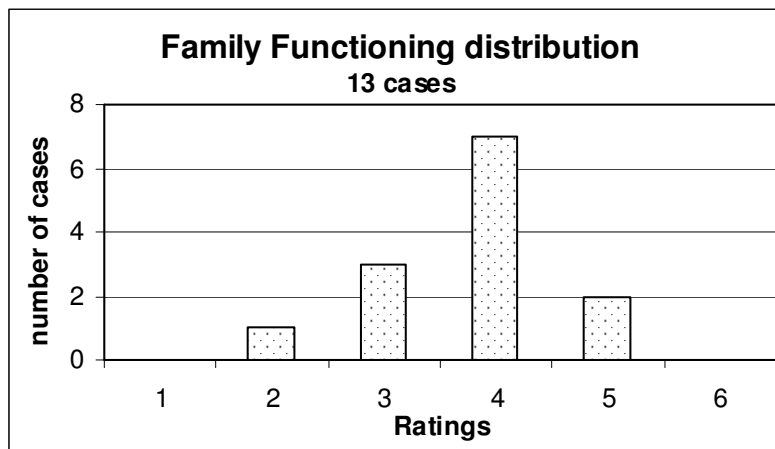
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The Region maintained the excellent 100% from last year's score.



## Family Functioning and Resourcefulness

**Summative Questions:** Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

**Findings:** 69% of the cases that were scored on this indicator were within the acceptable range (4-6). This is a significant decrease from last year's score of 83%.



## Satisfaction

**Summative Question:** Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

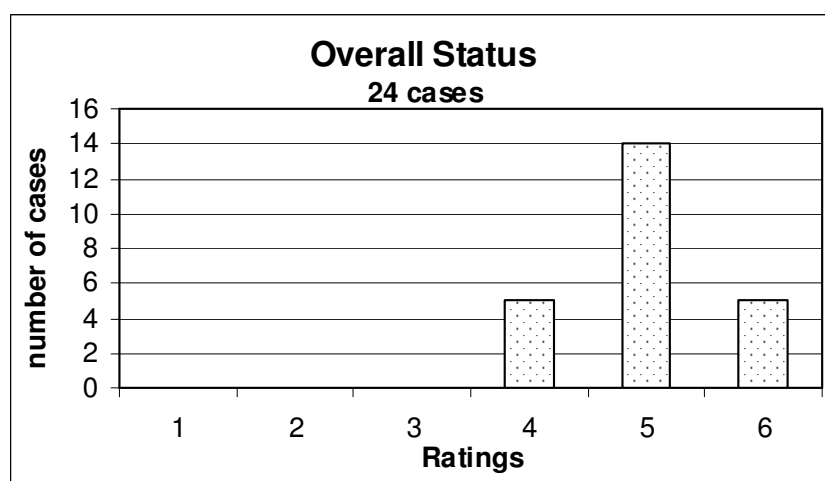
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is an increase from 87% last year. Only one case scored in the unacceptable range on Satisfaction.



## Overall Child and Family Status







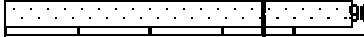
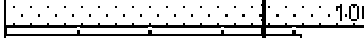
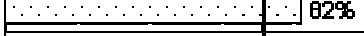



**Summative Questions:** Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

**Findings:** 100% of cases reviewed were within the acceptable range (4-6). The overall Child and Family Status score increased from last year’s score of 96%. The Region did an exceptional job on the Overall Child and Family Status score.



## System Performance Indicators

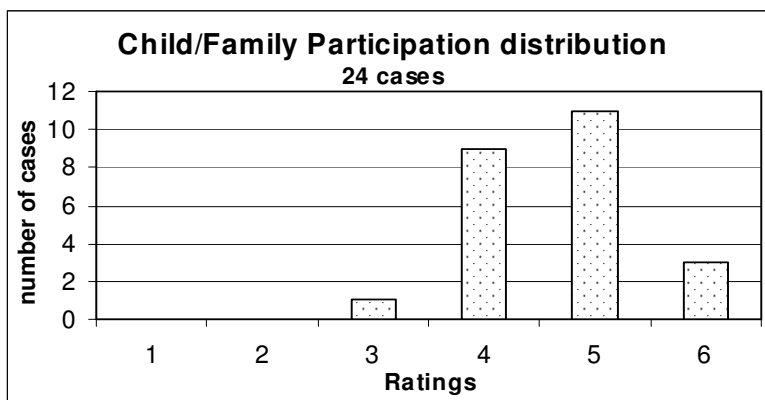
### Overall System

Eastern System Performance									
	# of cases (+)	# of cases (-)	Exit Criteria 70% on <b>Shaded</b> indicators Exit Criteria 85% on overall score	FY05	FY06	FY07	FY08	FY09 Current Scores	Trends
C&F Team/Coordination	19	5		79%	75%	74%	65%	79%	Above standards
C&F Assessment	18	6		63%	50%	65%	57%	75%	Above standards
Long-term View	21	3		63%	54%	65%	65%	88%	Above standards
C&F Planning Process	20	4		71%	83%	83%	87%	83%	Decreased but above standards
Plan Implementation	24	0		92%	92%	100%	96%	100%	Above standards
Tracking & Adaptation	21	3		88%	88%	78%	78%	88%	Above standards
C&F Participation	23	1		79%	92%	83%	74%	96%	
Formal/Informal Supports	24	0		88%	96%	96%	96%	100%	
Successful Transitions	18	4		65%	81%	85%	65%	82%	
Effective Results	24	0		88%	100%	87%	78%	100%	
Caregiver Support	15	0		100%	100%	94%	93%	100%	
<b>Overall Score</b>	<b>23</b>	<b>1</b>		<b>92%</b>	<b>88%</b>	<b>83%</b>	<b>78%</b>	<b>96%</b>	Above standards
0% 20% 40% 60% 80% 100%									

## Child and Family Participation

**Summative Questions:** Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

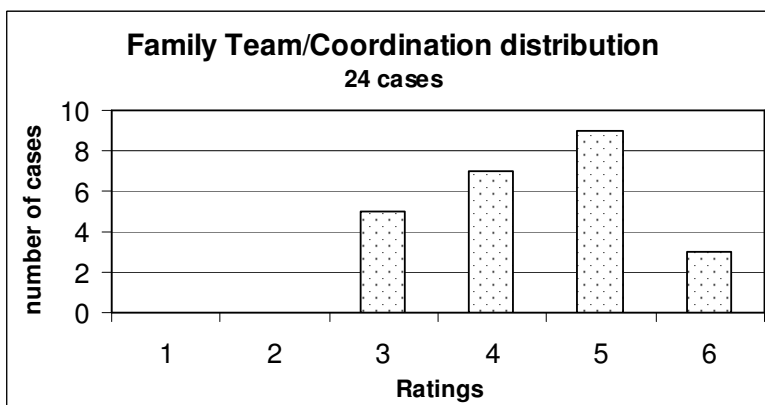
**Findings:** 96% of cases reviewed were within the acceptable range (4-6). This is a significant increase from last year's score of 74%.



## Child and Family Team and Coordination

**Summative Questions:** Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

**Findings:** 79% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 65%.

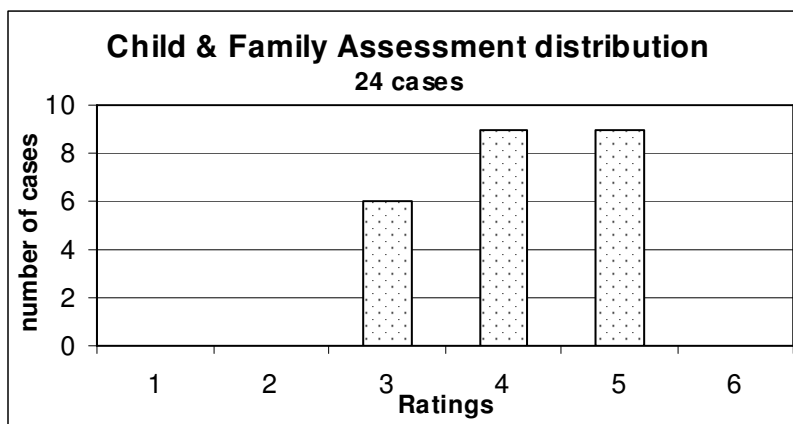




## Child and Family Assessment

**Summative Questions:** Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

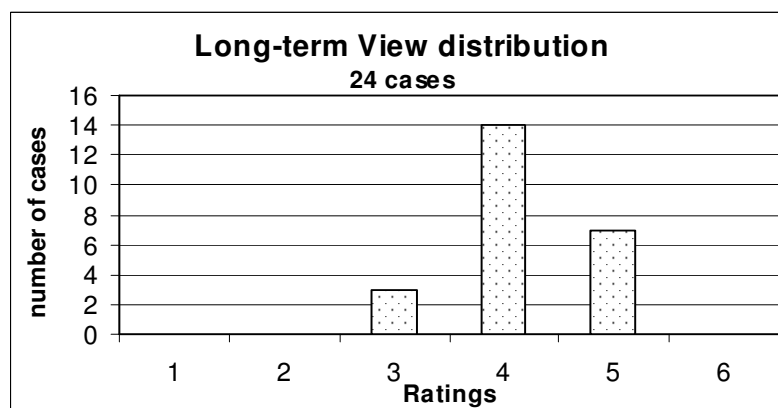
**Findings:** 75% of cases reviewed were in the acceptable range (4-6). This is a significant increase over last year’s score of 57%.



## Long-Term View

**Summative Questions:** Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

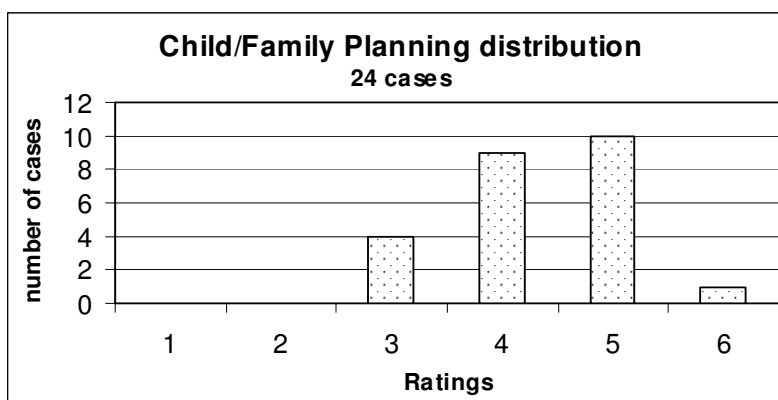
**Findings:** 88% of cases reviewed were within the acceptable range (4-6). This is a significant increase over last year’s score of 65%.



## Child and Family Planning Process

**Summative Questions:** Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

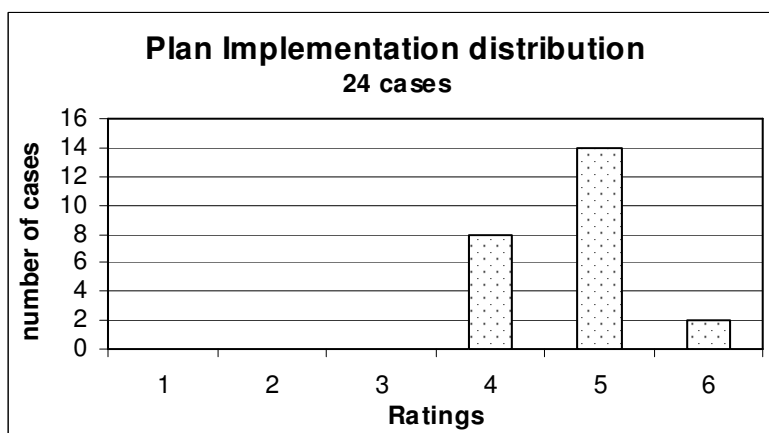
**Findings:** 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from 87% last year.



## Plan Implementation

**Summative Questions:** Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?

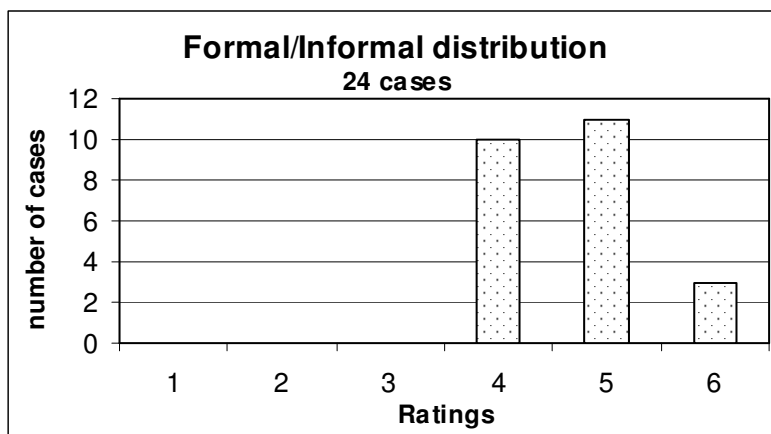
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 96%.



## Formal and Informal Supports and Services

**Summative Questions:** Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

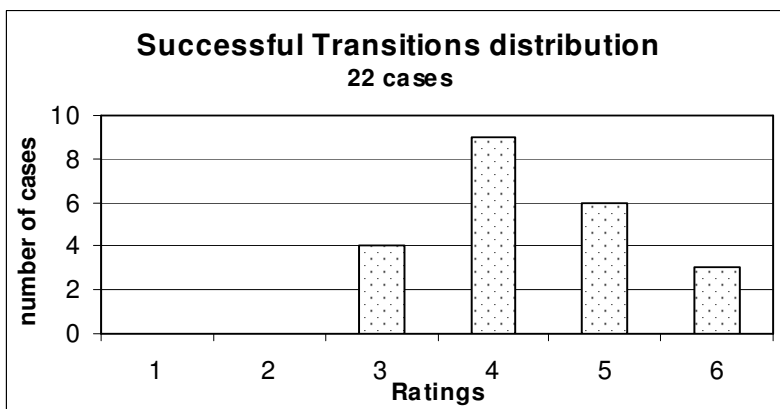
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). This is an increase over last year's score of 96%.



## Successful Transitions

**Summative Questions:** Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

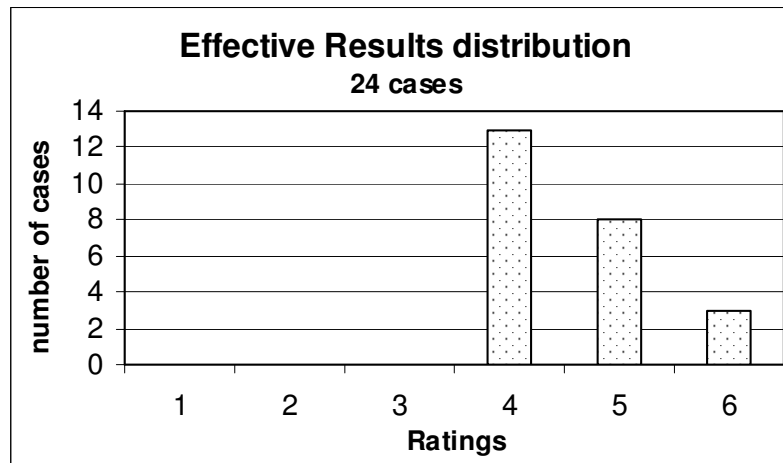
**Findings:** 82% of cases reviewed were within the acceptable range (4-6) which is an increase over last year's score of 65%.



## Effective Results

**Summative Questions:** Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

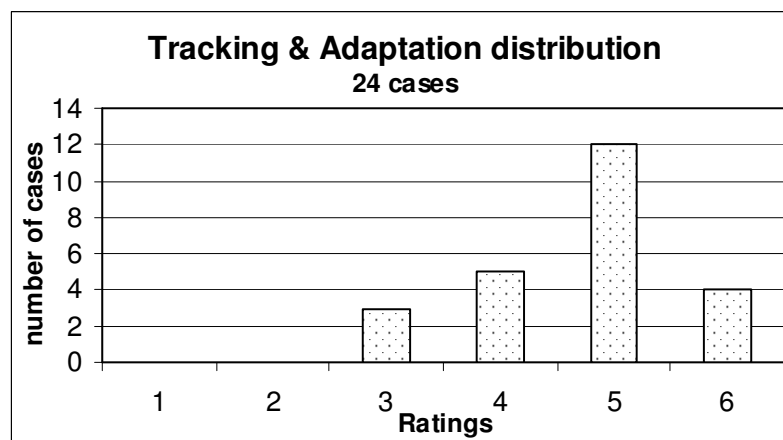
**Findings:** 100% of cases reviewed were within the acceptable range (4-6). This is a significant increase over last year's score of 78%.



## Tracking and Adaptation

**Summative Questions:** Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

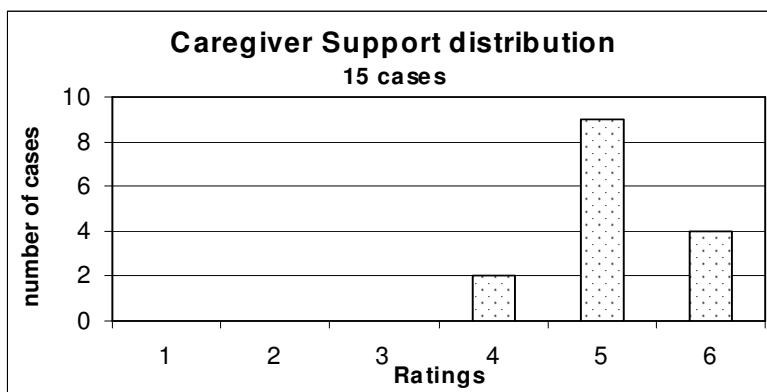
**Findings:** 88% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 78%.



## Caregiver Support

**Summative Questions:** Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

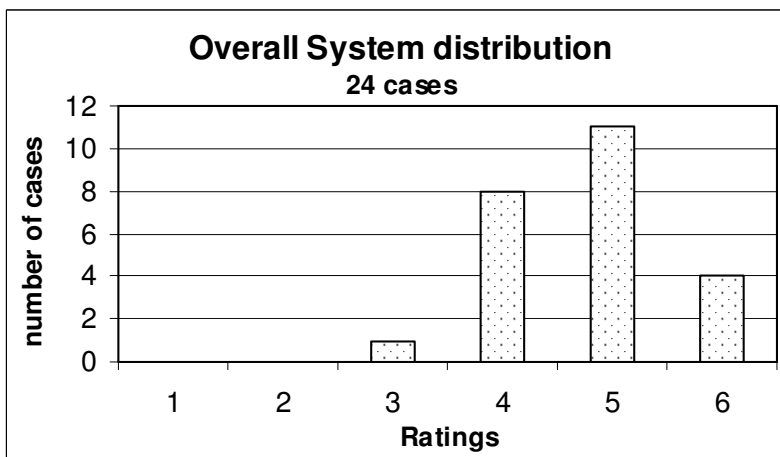
**Findings:** 100% of cases reviewed were in the acceptable range (4-6). This is an increase over last year's score of 93%.



## Overall System Performance

**Summative Questions:** Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

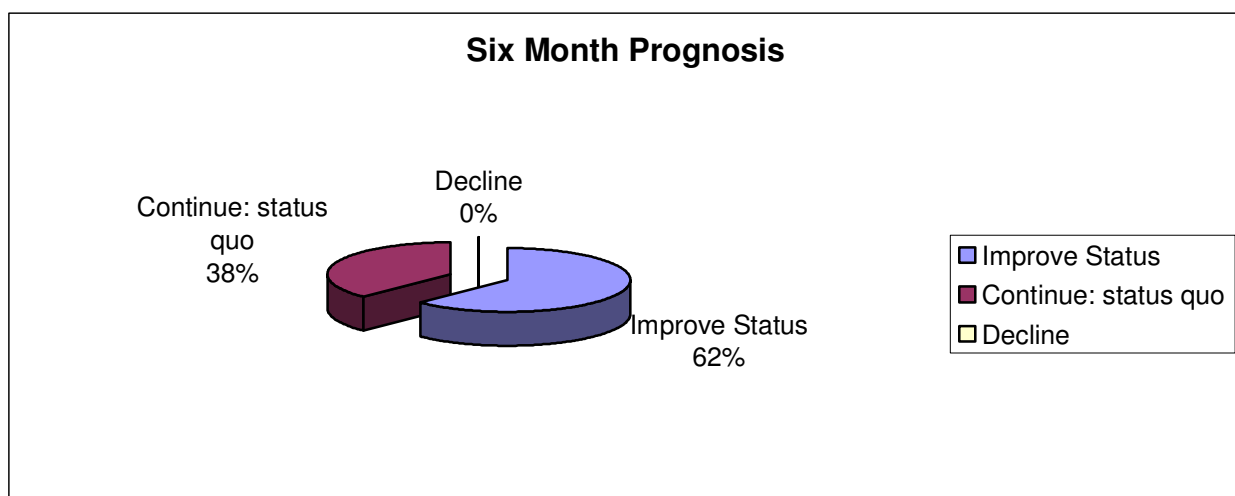
**Findings:** The Region raised their Overall System Performance score to 96% of cases reviewed being within the acceptable range (4-6). This is an impressive increase from last year's score of 78%. There was only one case that rated as unacceptable on overall system performance.



## Status Forecast

One additional measure of case status is the reviewers' prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the cases reviewed, 62% (15 cases) anticipated an improvement in family status over the next six months. In 38% (9) of the cases, family status was likely to stay about the same. There were no cases that were anticipating that the family's status would decline over the next six months.



A case with a prognosis of "likely to improve" over the next six months is considered positive. The question then becomes, what about the cases where it is anticipated that things will "stay about the same" over the next six months? For a family that is doing well, a prognosis of staying about the same could be positive. For a family or child with poor status, it would be negative to be in the same position in six months. The review data indicates that of the nine cases with a prognosis of staying about the same over the next six months, all nine cases had acceptable ratings in child and family status. Seven of those nine cases were rated as either substantially acceptable or optimal so it would be a positive expectation for those to continue status quo. For the overall Eastern Region review, there were no cases with a negative prognosis.

## Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some “champion” or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix for children and families reviewed during the Eastern Region review indicates that 96% of the cases had acceptable ratings on both Child Status and System Performance. There were no cases that rated unacceptable on both child status and system performance.

	<b>Favorable Status of Child</b>	<b>Unfavorable Status of Child</b>
	<b>Outcome 1</b>	<b>Outcome 2</b>
<b>Acceptable System Performance</b>	<p>Good status for the child, agency services presently acceptable.</p> <p>n=23 95.8%</p>	<p>Poor status for the child, agency services minimally acceptable but limited in reach or efficacy.</p> <p>n=0 0%</p>
	<b>Outcome 3</b>	<b>Outcome 4</b>
<b>Unacceptable System Performance</b>	<p>Good status for the child, agency mixed or presently unacceptable.</p> <p>n=1 4.2%</p>	<p>Poor status for the child, agency presently unacceptable.</p> <p>n=0 0%</p>

## **Summary of Case Specific Findings**

### **Case Story Analysis**

For each of the cases reviewed in Eastern Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

### **Child and Family Status**

#### **Safety**

The safety indicator represents one of the fundamental responsibilities of the child welfare system. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present. The Region maintained an impressive 100% on the Safety rating for the second year in a row.

In the cases that had an acceptable score in safety, the safety issues had been identified and addressed in the plan and by the team. One case exemplifies how team members worked together to elevate the family's ability to keep the child safe:

*The family dynamics and the overall progress of the family have considerably improved. [Father] has been very protective and proactive in ensuring the safety of [target child]. The paternal grandparents have also been actively involved to provide support and help to dad and the two boys. [Mother] has also taken significant steps in her life to become a safer person and mother for [target child] (living a sober lifestyle, being more responsible for her life, etc). [Father] has also made meaningful strides forward in curbing any violent tendencies. The team has high confidence in [father] to keep [target child] safe and provide permanence for his son.*

Safety is a "trump" exam meaning that overall child status on each case is acceptable only when safety is rated in the acceptable range. Safety is scored in two separate areas- safety for the child and child risk to others. The Region had an outstanding 100% rating on the Safety indicator. There were no cases with an unacceptable rating on Safety.



## Stability

Stability is an important indicator of well-being for children, especially for those in foster care. Stability in caring relationships and consistency of settings and routines are essential for a child's sense of identity, security, attachment, trust, and optimal social development. 79% of the cases represented in the current review scored in the acceptable range which is a decrease from 83% scored last year on this indicator.

One case story illustrates the worker's efforts to help a child maintain stability by remaining home, in the same school, with consistent caregivers.

*[Target child] has lived in the family home since 2005. Despite the involvement with DCFS, [target child] has remained at home with her grandparents and has been able to attend the same school. The only disruption that has occurred is that her mother has not been able to reside in the home with her. [Target child] has been able to continue to reside with her grandparents who have been helping to provide for her since 2005. Her needs are being met consistently. [Target child] appears to be well adjusted and has been able to maintain her relationships with all familiar people in her life.*

Instability in placements as well as significant changes in important relationships can have a negative impact on a child. One case story illustrates how the loss of a stabilizing relationship negatively impacted a child's behavior.

*[Target child's] grandfather passed away in February 2008 and [target child's] mother came back to the family. The loss of his grandfather appeared to have an effect on [target child's] behavior. It appears his grandfather was the foundation to the family's stability and also to [target child's] discipline. Following his grandfather's death, [target child] became more involved with undesirable, possibly gang affiliated youth, was verbally abusive to his grandmother and was caught stealing alcohol from coolers in the park.*

Stability was one of the two Child Status indicators that experienced a decrease this year. There were five cases with unacceptable ratings on stability. Four of those five cases involved teenagers (16 and 17 yr olds), two of which were residing in higher levels of care. The fifth case involved a 10-yr-old that was placed on a trial home visit. Review of the five cases with unacceptable stability indicates one primary issue- too many placement changes. One child experienced four moves in the last 10 months, another child experienced five placements in the last 14 months, another child had three placements in the last year, and another child experienced five moves within the first two months of the case.

## Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Every child is entitled to a safe, secure, appropriate, and permanent home. Performance on this indicator experienced a significant increase from 65% last year to 88% in the current QCR sample.

The following case is an example of achieving permanency and connection for a child through adoption.

*The focus child has lived with his paternal grandmother and paternal aunt along with his two siblings and two teenage cousins since 2008. His grandmother and aunt are excellent caregivers who support each other in this family system. He has had an optimal, consistent and predictable living arrangement with the family. It appears from all team members that a petition will be filed by the state and supported by the Ute Tribe to terminate the rights of the parents in either June or July of 2009. The mother stated that she will relinquish her parental rights and the paternal grandmother stated that the father has told her he would also relinquish his parental rights. Once this is completed, the team, courts, and tribe will support the paternal grandmother in adopting the focus child and his siblings. The team all believe the termination and adoption will be accomplished and that this will result in a positive and enduring family relationship for the focus child.*

Inadequate permanency often results when a child is residing with caregivers where the relationship is not expected to endure until the child becomes an adult. The plan for meeting a child's need for permanency is considered unacceptable if the prospects are viewed as uncertain or unrealistic. The following case example demonstrates how uncertainty about relationships and placement stability can lead to a negative rating:

*Although everyone on the team believes that this home will endure until [target child] is able to return to the home of her parents, it has not been tested by time. The proctor parents have not had to deal with any of [target child's] inappropriate behaviors. The proctor parents have not had to interact with the biological parents when the team makes a decision that is not in line with the biological parents or extended family. There are still several steps on the child and family plan that need to be addressed which could cause tension. Also, history would indicate that [target child] may try to re-engage with some of her inappropriate friends. The proctor parents have not been confronted with [target child] putting their home at risk. Another concern is the overall inexperience of the proctor family. This is their first placement since receiving their license.*

There were three cases that had unacceptable ratings on permanency. All three cases involved teenager foster children (ages 14-16), two of which were residing in higher levels of care. Review of the three cases indicates that the primary issues were the undecided and tenuous nature of the reunification plans and the uncertainty of the current placement.

## **Family Functioning and Resourcefulness**

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator experienced a significant decrease from 83% last year to 69% in the current review. Family Functioning and Resourcefulness was the lowest scoring child status indicator in this review. It was the only status indicator in the 60<sup>th</sup> percentile.

The family's ability to function and obtain appropriate supportive resources is a strong component of children being able to be safely maintained in their home or being able to be successfully returned home. The case example below exemplifies how a resourceful parent is able to successfully maintain her children in her home.

*It seems apparent the family has access to many resources and has actually used them. For example, mom was already participating in mental health counseling before DCFS even got involved to help her stabilize, and mom also had some health concerns that were reportedly resolved after seeking medical attention as well, without the aid of DCFS. Though mom had made some poor relationship choices that involved some drug use as well, it seems mom was already trying to take control of the issues that could possibly threaten her and her children from being able to remain together in a healthy environment.*

In some cases, the parents' inability to take charge of their situation can be a barrier that prevents a child from being able to return home safely. Problematic parent functioning was evident in the following case story example:

*[Mother] and [stepfather] have been slow to make progress on treating their drug abuse. They have not taken charge of the situation that they are in currently. [Mother] left her inpatient treatment facility against the recommendations of the facility. She has never completed that program. Both [mother] and [stepfather] are in IOP. When [mother] relapsed she was required to start the program over again. [Stepfather] drives to [neighboring city] to complete his IOP but has only begun the program recently. Neither parent has employment. [Mother] has a history of quitting just short of success in her employment and other areas of her life. With the financial support they both receive from their parents, they are not really motivated to find employment. They have huge family support but no friends that are not using drugs.*

## **System Performance**

### **Child and Family Team and Coordination**

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. The score on this key indicator of system performance increased from 65% to 79%.

Effective teaming was often mentioned as a key element in cases that scored well on overall system performance. The following example illustrates a worker's effective use of teaming.

*The caseworker from the [local Native American] tribe made the following comment about the DCFS caseworker: "The frequent, constant contact with family, tribe/partners allowed for openness in decision-making." The tribal worker went on to say that because of the openness and the inclusiveness of all team members, trust has been*

*established and the team functioned well. These statements seem to confirm what the other team members also expressed. Everyone was up to date on “all” things. They were included in decision-making; they were kept informed of follow-ups; they knew what was going on in the case. The tribal worker said this is the best coordinator and the best communication that she has ever had on a case. The DCFS worker was knowledgeable and available at all hours. The DCFS worker understood procedures and engaged tribal officials completely in the process. Everyone agreed with the plan and the direction of the case. Members of both the [local Native American] tribes were involved in this case and felt like the case had a good team that worked well together. No one felt left out of the team process. The reviewers were impressed with consistency that was presented by all team members about how good of a team process was happening on this case. The reviewers concluded that this case was a model case for teaming and the work being coordinated by the caseworker on this team was the way practice model casework should be done.*

The case below demonstrates how lack of team member involvement lead to a lack of understanding and ineffective planning.

*There have been three team meetings in 18 months. These meetings have primarily involved DCFS and [mother] and her mother. There has not been a meeting with all the partners around the table. Many people are involved and each has their part of the picture. But there has been no attempt to gather everyone together and clarify the underlying issues and needs and the long term view. [Mother] does not feel there is a team, nor does her mother. Team meetings are held only at the time the plan is due rather than in preparation for transitions, crisis, or just to provide additional information and support.*

There were five cases that rated as unacceptable on Child and Family Teaming and Coordination. Review of these five case stories revealed two primary concerns. The concern mentioned most often in the five stories was key members not being involved in the team. This often translated into the second concern which was a lack of coordination and information exchange between the team members. In some cases, enhanced teaming could have expedited the progress that was being made, and in other cases, enhanced teaming could have prevented some of the problems the team was struggling with.

### **Child and Family Assessment**

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The Region increased their assessment score from 57% last year to 75% in the current review.

The following example exemplifies how good use of formal and informal assessments can enhance a team’s planning and intervention.

*The team has three formal assessments to draw from. Even richer are the informal assessments that the team does on a continual basis. For example, the foster parent recognized [target child] might have a medical issue and had it diagnosed. Another was how the team assessed the need for more therapy and they got it implemented. There seem to be no hidden issues amongst team members. As the reviewers talked with all of the team members, they understand the child, the family he is living with, [target child's] extended family issues, and the issues he was having at school.*

The example below shows how lack of shared assessment can lead to poor planning and ineffective results.

*There were several good formal assessments completed on the parents; however, there was not a lot of informal assessing. Providing pay stubs was part of the service plan, but these were not asked for. The father went through a period of not working, but the team was not aware of it until the stepmother brought it up at a child and family meeting. The drug testing was done on a regular basis. This was monitored by the caseworker and the results were shared with the team. It was not until late in the case when the father was caught with drugs and drug paraphernalia that the underlying issue of why he was taking drugs was assessed. The father is dealing with many concerns with his oldest son, who is in JJS Custody. Trying to cope with these issues is one of the reasons he relapsed on his drug treatment program. If this had been assessed earlier, the plan could have been modified to address these issues and other therapeutic services could have been initiated. Some team members felt that the children were not being assessed as to what their needs were. The foster parents felt that their observations of the siblings being separated were not regarded and the concerns were not addressed. The team did not understand why they were not placed together initially.*

Historically, Child and Family Assessment has been the most challenging system performance indicator for the Eastern Region. The assessment score has been the lowest system indicator in each review since 2004. Review of the six case stories with an unacceptable rating on the assessment indicates several similar concerns. Concerns primarily centered on key individuals not being assessed such as the children or caregivers, not knowing the underlying needs, not incorporating formal assessments, the team not sharing a common understanding, and the assessment not evolving.

### **Long-Term View**

The Division has worked hard this past year to enhance caseworkers' understanding and use of the Long-Term View. The Eastern Region significantly increased the rating on Long-Term View from 65% last year to 88% this year. The following is an example of how a clear long-term view can help with better case planning and ensure the right services are in place.

*[Target child's] team appears to all be looking forward for [target child] in a common direction. Plans and services are well coordinated to move in that common direction. Team members have the same vision about what [target child's] future will look like. [Target child] will live with her current caregivers for the rest of her life. What the*

*family needs for this long-term view to be realized has been a part of the planning process almost from the beginning of [target child's] placement with them. Planning has also included end of life and burial plans for [target child] since [target child] has already outlived medical prognoses.*

An inadequate long-term view can translate into fragmented planning as illustrated in the following case example.

*Everyone on the team has a different long-term view. It is not collective and nobody is on the same page. [Mother] said that she sees the children coming home to live with her in June. [Father] and [stepmother] are petitioning the court to have permanent custody of [target child]. [Grandmother] would like to see [mother] get the children home, but she is not hopeful. She said that she sees all three children living with her and their fathers having visitation rights. The caseworker identified that everyone's view of how the case will end up is different. The team had not identified any clear milestones that needed to be reached in order to have the family reunited and everyone's expectations of [mother] were different.*

There were three cases with an unacceptable rating on long-term view. Review of the three case stories with unacceptable long-term views indicates that a variety of issues can be problematic. For example, one case had an unacceptable long-term view due to the primary and concurrent plan being unknown. Another case had no steps to support the long-term view. The third case struggled with long-term view due to team members all having a different view of where the case was headed.

### **Child and Family Planning Process**

The Region's score on the Child and Family Planning Process indicator experienced a decrease from 87% last year to 83% this year. The following case example demonstrates how an individualized plan based on a big picture of the case can help meet the needs of a child.

*The plan reflects the big picture by focusing on [target child's] need to develop trusting relationships with others, establish personal boundaries, develop empathy, see how his actions affect others, and addresses the need for [target child] to look at the upcoming transition to adult living. The plan uses the information from the mental health and other assessments as well as information from the Child and Family Assessment to direct the case and individualize the plan to meet [target child's] specific needs. Some examples of this would be [target child] working in intensive treatment with two therapists, one in biofeedback and the other focusing on specifics with [target child] to address his aggressive outbursts by using cool down drills. Members of the team, especially the foster mother, feel that the plan accommodates for [target child's] needs. She stated that it was a team decision to put the hygiene goal in the plan for [target child]. The plan adapts to changes in life circumstances. An example of this is when a placement was needed in 2007, the team made a decision that since [target child's] diagnosis, his needs were very specialized and they felt that those services were not available in the area. The*

*team decided to look at placing him in the Salt Lake area in order for [target child] to be able to better have his needs met.*

Another case example demonstrates how an inadequate plan can result in some identified issues going unresolved and failing to meet a child's needs.

*In the court papers the judge told DCFS to work with the family. [Mother] stated that when she went to the caseworker asking for reunification, she was told that it was in her hands to do what she needs to do to get reunification. [Mother] also expressed that she didn't understand what DCFS wanted from her. She was also concerned that her voice wasn't being heard. Even though there is a plan in place, there is nothing addressing the judge's order for DCFS to work with the family. The plan also falls short in providing a way for [target child] to achieve enduring permanency.*

## **Plan Implementation**

Plan Implementation increased from last year's score of 96% to 100% this year. A plan that is being implemented in a meaningful way produces measurable results. The following case example demonstrates how a successfully implemented plan can produce positive results.

*All of the services and supports in [target child's] plan have been and are currently being fully implemented. Foster mom reports being very satisfied with the timeliness and competence of service delivery. The current intensity of services is producing results and the team has demonstrated an ability to quickly respond and adapt when needs emerge. A great example of this responsiveness is when [target child] was coming home from school in a neglected state and foster mom requested a meeting to address this, resulting in a health care plan for [target child] at school, foster mom training school aides, and school personnel video recording this training for future use.*

There were no cases that rated as unacceptable on the Plan Implementation indicator. Not only were there no Plan Implementation indicators with an unacceptable score, the majority of the Implementation scores (16) were rated as either substantially acceptable or optimal.

## **Tracking and Adaptation**

The tracking and adaptation indicator was rated at 88% which is an increase over last year's score of 78%. Good tracking and adaptation helps with monitoring progress and adapting to evolving needs as seen in the following case example.

*From the beginning of the case there had been excellent tracking and as service adjustments were needed, they were implemented. This report identified earlier that the focus child was under weight and under nourished when he came into care. Immunizations were not current. As the child became healthier and immunizations were made current, it became apparent that the child was developmentally delayed. Steps*

*were taken to obtain a developmental assessment. From the assessment, an IEP plan was developed and the child will begin a head start program in August to address the delays. When the child came into care the medical and dental assessment noted problems with the child's teeth. The follow up with the pediatric dentist addressed that issue. Keeping tribal authorities apprised of all that was happening with the case by engaging in discussions regarding the child, building trust, being available and responsive to concerns. This caseworker had coordinated an effective, working team. Individuals had been included when needed like inviting the post adoption worker to the meeting in June to discuss adoption and post-adoption issues with the team and family.*

When a case struggles with tracking and adapting, it often leads to issues not being addressed which can be detrimental to case goals. Consider the following example.

*Although it appears that the caseworker is making contacts, the contacts are not reflected in the logs of the case. The recent situation with [target child] drinking alcohol and possession of prescription drugs was known, but there was no evidence of the alteration of the plan or meeting with the team to discuss the situation. Although everyone on the team agrees [target child] is on track for his goal of graduation, the caseworker and team have not met to discuss things further.*



## **V. Practice Improvement Opportunities**

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes which are listed below.

### **Teaming**

In cases where teaming needed improvement:

- The school was invited to team meetings but the meetings are held at times when the school couldn't attend. There were issues regarding the level of care at school that could have been addressed had the school been at the team meetings.
- There was a need to have extended family more involved in the case, particularly the grandmother.
- The mother and family had been involved in the team at the beginning of the case. There was a need to get them involved again.
- Family team meetings were being held quarterly but the teacher had not been participating in the meetings. The child was having significant attendance issues. The team could have better addressed the educational issues had the teacher been involved.
- The family team meetings have not included a couple of the important providers such as Mental Health and Substance Abuse. The caseworker spoke with the providers individually but there was no invitation to the team meetings so the providers had not been part of the planning process. The providers did not receive copies of the family team meeting minutes.
- Team membership was primarily just the family. Team meetings did not include everyone that was involved with the family so information was not being exchanged.
- The team needed some help resolving school issues, particularly what the child needed to be able to graduate. The team needed a teacher or school representative on the team.
- Team meetings are only held to update the written plan. Team meetings had not been held at critical times or to address the significant transitions coming up.
- Key members are missing from the team including the therapist so there was not a fluid exchange of information.

### **Assessment**

In cases where assessment needed improvement:

- The child's issues were not appropriately diagnosed and understood for the first three years of the case. Since the diagnosis, the child has made a lot of progress because the family knows how to address the needs. If the child had been diagnosed earlier, the progress and improvements could have been achieved much sooner.
- The formal mental health assessment had not been reflected in the Child and Family Assessment.

- Inadequate assessment of the mother was a barrier to understanding how to best help the mother before the time allotted for reunification services expired.
- The assessment was incomplete. There was good assessment on the mother but there was no assessment information on the child.
- The assessment only included the big picture. Underlying needs and past issues were not addressed. Keeping sober was important, but the issues that triggered the substance abuse needed to be addressed.

## **Planning**

In cases where planning needed improvement:

- The written family plan was cookie cutter and generic. There were no milestones that would help track progress or inform about critical decision points in the case. Some of what needed to be done was not listed in the plan.
- All of the case planning was directed at the primary goal. There was a need to also address the concurrent goal. If the foster parents decide not to adopt, there was no alternative plan worked out.
- The current written plan contained outdated information. Many of the changes discussed in the family team meetings had not been incorporated into the plan. The plan was not updated with the placement change.

## **Long-Term View**

In cases where long-term view needed improvement:

- There was no consensus on the team as to what the long-term view was. Team members did not have a consistent understanding of what the plan was. There was a need for more specifics to be worked out.
- There were questions about whether the goals of the long-term view were achievable or sustainable. There was a need for a concurrent long-term view to address the permanency needs of the children.

## **Services**

In cases where services needed improvement:

- There were no free Domestic Violence (DV) services for the mother, father or the children in the area. The mother has to pay for the DV services but with the mother's limited ability to pay, continuing to access the DV services will be in jeopardy.
- It took from September to December to get in-home services ordered once the need for services was identified. There was a lot of confusion and miscommunication with the parents. There continued to be domestic violence issues during the delay in starting the in-home services.
- There was no transition plan in place to address the child's next major transition which was graduation from high school. The anticipated transition included some significant decisions that needed to be addressed and mapped out in a transition plan.

## **System Issues**

A couple of system issues emerged in analyzing the input from reviewers regarding practice improvement opportunities they observed and identified during their review of the cases.

- One case involved DCFS removing three children from their foster placement right before their adoptions were to be finalized. The State Office discovered the children were residing in an unlicensed foster home. The foster parent's license had lapsed in the database in what appeared to be a technical glitch. The local office stated they were notified the children needed to be removed immediately. The children were removed on Wednesday before an extended holiday weekend. The licensing issue was quickly resolved and a new license was issued on Monday but the children were not returned for 3 ½ weeks. The removal was traumatic for the children. The children's adoption was delayed as a result of having to restart the six-month timeframe requirement due to the removal from the foster home. The licensing worker denies ever requiring DCFS to remove the children from the foster home. It appears the licensing glitch could have been worked through without requiring the children be removed from the foster home.
- Sometimes, particularly in rural areas, there is a great distance between the child and the mental health provider. The distance can be a barrier to regular individual therapy. Distance can also be a barrier to family therapy when children are placed out of the area. Webcam therapy is one option that is occasionally considered to address this issue. The barrier is that Medicaid will not pay for Webcam therapy so it is not an option for children or parents struggling with accessing regular therapy services due to distance or limited resources for travel.

## VI. Analysis of the Data

### RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following table compares how the different case types performed on overall system performance. There was only one case that scored in the unacceptable system performance range which was a foster care case. All of the home-based cases, court ordered (PSS) and voluntary (PSC), scored in the acceptable range on overall system performance. Foster care cases scored higher than home-based cases within the acceptable range. Five of the nine home-based cases scored only minimally acceptable, while 11 out of 15 foster care cases were substantially or optimally acceptable.

Case Type		# in Sample	Rating 3	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Foster Care	SCF	15	1	3	7	4	14	93%
Home-Based	PSS	8	0	4	4	0	8	100%
Home-Based	PSC	1	0	1	0	0	1	100%

The table below compares how each Goal Type performed on overall System Performance. The one case with unacceptable overall system performance had a goal of Individualized Permanency. When comparing how the different Goal Types rated within the acceptable range, cases with a goal of Adoption and Individualized permanency rated higher than other case goal types with all but one case being substantially or optimally acceptable.

Goal	# in Sample	Rating 3	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Adoption	3	0	0	3	0	3	100%
Guardianship (Non-Relative)	1	0	1	0	0	1	100%
Individualized Permanency	7	1	0	3	3	6	86%
Remain Home	9	0	5	4	0	9	100%
Reunification	4	0	2	1	1	4	100%

## RESULTS BY CASEWORKER DEMOGRAPHICS

When comparing the caseworker's caseload size with the positive overall System Performance outcomes, the one case with unacceptable overall system performance came from a higher caseload. Workers with 16 cases or less tend to score higher ratings with 12 out of 18 cases (67%) rating substantially or optimally acceptable. That number drops to 50% (3 out of 6 cases) for workers with caseloads of 17 or more.

Caseload Size	# in Sample	Rating 3	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
16 cases or less	18	0	6	9	3	18	100%
17 cases or more	6	1	2	2	1	5	83%

As the following chart shows, 63% of workers in the sample had less than 24 months experience. Nearly all (96%) of the workers in the sample had less than 48 months experience. Only one worker had more than 48 months experience. The caseworker's length of employment in their current position did not produce a significant difference in the percent of acceptable overall system performance scores. Overall, the data suggests that new workers' score within the substantially acceptable and higher ranges at a rate comparable with the more experienced workers.

Length of Employment in Current Position	# in Sample	Rating 3	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Less than 12 months experience	8	0	2	5	1	8	100%
12 to 24 months experience	7	0	4	1	2	7	100%
24 to 36 months experience	4	0	2	2	0	4	100%
36 to 48 months experience	4	1	0	2	1	3	75%
48 to 60 months experience	0	0	0	0	0	0	N/A
60 to 72 months experience	1	0	0	1	0	1	100%
More than 72 months experience	0	0	0	0	0	0	N/A

## RESULTS BY OFFICE AND SUPERVISORS

When the case samples were selected for the review, cases from all seven offices in the Eastern Region were identified as part of the sample selection. When evaluating acceptable overall System Performance by each individual office in the region, the majority of offices (six) scored at 100%. Office A, Office C, and Office D stand out with 100% of their cases rating as substantially acceptable or higher.

SYSTEM PERFORMANCE							
Office	Total Cases from Office	Rating 3	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Office A	2	0	0	2	0	2	100%
Office B	2	0	1	1	0	2	100%
Office C	3	0	0	3	0	3	100%
Office D	3	0	0	2	1	3	100%
Office E	6	1	2	2	1	5	83%
Office F	3	0	1	1	1	3	100%
Office G	5	0	4	0	1	5	100%

A total of nine supervisors from throughout the Region participated in this year's review. When evaluating acceptable System Performance by each individual supervisor that participated in the review, the vast majority of the supervisors (eight) had acceptable System Performance ratings on 100% of their cases reviewed. For five of the nine supervisors, 100% of their cases were substantially or optimally acceptable.

SYSTEM PERFORMANCE							
Supervisor	Total Cases	Rating 3	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Supervisor A	2	0	0	2	0	2	100%
Supervisor B	5	0	4	0	1	5	100%
Supervisor C	1	0	0	1	0	1	100%
Supervisor D	2	0	1	1	0	2	100%
Supervisor E	3	0	0	2	1	3	100%
Supervisor F	1	0	1	0	0	1	100%
Supervisor G	2	0	0	2	0	2	100%
Supervisor H	2	0	0	1	1	2	100%
Supervisor I	6	1	2	2	1	5	83%

## SYSTEM CORE INDICATORS

How are the ratings of 1 (completely unacceptable), 2 (substantially unacceptable), 3 (partially unacceptable), 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the core indicators? Below is analysis of the acceptable ratings for all core system indicators (C and F Team/Coordination, C and F Assessment, LTV, C and F Planning Process, Plan Implementation, and Tracking and Adaptation) over the last eight years. The most ideal trend would be to see an increase in the average score of the core indicator along with an increase in the ratings within the acceptable range (i.e. ratings of 4 moving to 5's and 6's). This ideal trend was seen in this year's core system indicator scores.

The average score of the Child and Family Team and Coordination indicator increased this year to the highest average score the indicator has ever experienced. This is a direct result of the drop in unacceptable scores and the increase in both substantially acceptable and optimal scores.

Child and Family Team & Coordination							
Year	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Avg Score of Core Indicator
2002	1	3	4	8	7	1	3.83
2003	0	0	6	10	8	0	4.08
2004	0	0	6	12	4	2	4.08
2005	0	0	5	10	8	1	4.21
2006	0	0	6	11	7	0	4.04
2007	0	0	6	7	9	1	4.22
2008	0	0	8	10	4	1	3.91
2009	0	0	5	7	9	3	4.42

The average score of the Child and Family Assessment indicator increased this year to the highest average score the indicator has ever experienced. This is a direct result of the drop in unacceptable scores and the increase in the substantially acceptable scores.

Child and Family Assessment							
Year	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Avg Score of Core Indicator
2002	0	4	7	8	5	0	3.58
2003	0	1	9	6	7	1	3.92
2004	0	3	12	4	4	1	3.50
2005	0	2	7	10	5	0	3.75
2006	0	1	11	8	4	0	3.63
2007	0	3	5	6	9	0	3.91
2008	0	0	10	9	4	0	3.74
2009	0	0	6	9	9	0	4.13

The average score of the Long-Term View indicator increased this year to the highest average score the indicator has ever experienced. This is the first year when the lowest long-term view score was a 3. The indicator also experienced a significant increase in the ratings of substantially acceptable.

Long-Term View							
Year	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Avg Score of Core Indicator
2002	3	6	9	2	4	0	2.92
2003	0	6	6	6	6	0	3.50
2004	1	3	8	6	6	0	3.54
2005	0	1	8	13	2	0	3.67
2006	0	2	9	10	2	1	3.63
2007	0	3	5	9	6	0	3.78
2008	0	3	5	13	1	1	3.65
2009	0	0	3	14	7	0	4.17

The average score of the Child and Family Planning Process indicator increased this year to the highest average score the indicator has ever experienced. The increase in this year's average score is the result of indicators that had rated as a 4 last year being elevated to a rating of 5 this year.

Child and Family Planning Process							
Year	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Avg Score of Core Indicator
2002	1	2	5	13	3	0	3.63
2003	0	2	8	8	5	1	3.79
2004	1	0	6	13	3	1	3.83
2005	0	1	6	12	5	0	3.88
2006	0	0	4	13	6	1	4.17
2007	0	3	1	8	10	1	4.22
2008	0	0	3	15	4	1	4.13
2009	0	0	4	9	10	1	4.33



The average score of the Plan Implementation indicator increased this year. The increase in this year's average score is the result of no indicators being in the unacceptable range and indicators moving from a rating of 4 to a rating of 5.

Plan Implementation							
Year	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Avg Score of Core Indicator
2002	0	2	4	12	6	0	3.92
2003	0	4	1	8	10	1	4.13
2004	1	0	4	9	9	1	4.17
2005	0	1	1	10	11	1	4.42
2006	0	0	2	11	10	1	4.42
2007	0	0	0	10	9	4	4.74
2008	0	0	1	14	7	1	4.35
2009	0	0	0	8	14	2	4.75

The average score of the Tracking and Adaptation indicator increased this year to the highest average score the indicator has ever experienced. The increase in this year's average score is the result of indicators that had rated as a 3 and 4 last year being elevated to ratings of 5 and 6 this year.

Tracking and Adaptation							
Year	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	Avg Score of Core Indicator
2002	0	3	2	7	11	1	4.21
2003	0	2	2	9	10	1	4.25
2004	0	1	6	9	6	2	4.08
2005	0	1	2	7	14	0	4.42
2006	0	0	3	11	9	1	4.33
2007	0	1	4	2	14	2	4.52
2008	0	0	5	8	9	1	4.26
2009	0	0	3	5	12	4	4.71

## **VII. Summary and Recommendations**

### **Summary**

The Region scored 100% on the Overall Child Status score. On the Child and Family Status indicators, the Region maintained four indicators (Safety, Appropriateness of Placement, Health/Physical Well-being, and Caregiver Functioning) at an impressive 100% for the second year in a row. Another status indicator (Emotional/Behavioral Well-being) was elevated to 100%. Three other status indicators (Prospects for Permanence, Learning Progress, and Satisfaction) experienced an increase over last year's scores with the largest being a double-digit increase (23 points) in Prospects for Permanence. Two status indicators (Stability and Family Functioning and Resourcefulness) experienced a decrease over last year's scores with the largest decrease being Family Functioning and Resourcefulness which experienced a 14-point drop to 69%.

The Region experienced a significant increase in Overall System Performance which was elevated from below standard (78%) last year to well above standard this year at 96%. Only one case had an unacceptable rating on Overall System Performance. The Region achieved a 100% score on four system indicators (Plan Implementation, Formal and Informal Supports, Effective Results, and Caregiver Support). Ten of the 11 system indicators experienced an increase over last year's scores. Seven of the system indicators (Child and Family Team/Coordination, Child and Family Assessment, Long-Term View, Tracking and Adaptation, Child and Family Participation, Successful Transitions, and Effective Results) experienced double digit increases over last year's scores with the largest being a 23 point increase in Long-Term View. Child and Family Participation and Effective Results each had a 22-point increase in their scores. Another reason this was an impressive year for the Eastern Region is that this was the first year the Region was above standard on all six core system indicators. Only one system indicator (Child and Family Planning Process) experienced a decrease over last year's score but still scored at 83%.

The Eastern Region had some excellent outcomes in their performance on the Qualitative Case Review for 2009. The Region exceeded the standard for Overall Child Status and Overall System Performance as well as exceeding the standard for all six core system indicators.

At the beginning of this fiscal year, there was potential for the David C. lawsuit to be dismissed with prejudice by the end of December 2008. After fifteen years of oversight by the Federal Court and Court appointed monitor, Utah's child welfare system had dramatically improved, making the state a model for the nation. The Division had been able to sustain the mechanisms, systems, and resource allocation set forth in the exit agreement. By official order of the Honorable Judge Tena Campbell, the David C. V. Leavitt, et al lawsuit was dismissed with Prejudice in an order that was signed on January 5, 2009.

## Recommendations

### Child Status

The Region scored an impressive 100% on Overall Child Status. Stability is the one status indicator that would benefit from some increased attention as it was the most challenging status indicator for the Region in this review.

1. Careful review of the five case stories regarding the circumstances that resulted in the unacceptable ratings on Stability would be beneficial in formulating training opportunities or specific strategies regarding stability. Suggested emphasis could include strategies to reduce the number of placements for children in foster care.

### System Performance

The Region exceeded the standard for the Overall System Performance score as well as the standard for the core system indicators. The challenge at this point will now be to sustain the advances in the core indicator scores.

1. The Child and Family Assessment indicator has been the lowest scoring system performance indicator since 2004. Careful review of the six case stories with Child and Family Assessments that rated as unacceptable would be beneficial. The concerns raised by reviewers regarding those assessments could translate into training opportunities that may assist the Region in their efforts to continue to maintain this critical core indicator above the standard.
2. This is the first year that the Long-Term View indicator has been above the standard. Seven of the cases in the review had long-term views that were rated as substantially acceptable. Careful review of the stories as to what helped make those long-term views rate higher may assist in duplicating that good work. Careful review of the three cases with unacceptable long-term views may assist with training opportunities to help sustain this critical core indicator above the standard.

## VIII. APPENDIX

### I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

## II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

*Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.*

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

### III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
<b>Overall Status</b>	<b>Overall System Performance</b>

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are



currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

## **Methodology**

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

## **Reviewers**

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

## **Stakeholder Interviews**

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.